



City
of
Milwaukee

EMPLOYMENT APPLICATION

Department of City Development
809 N. Broadway, 2nd Floor
Milwaukee, WI 53202-3554
Phone: (414) 286-6076
TDD: (414) 286-5467

INSTRUCTIONS TO APPLICANT. *Please:*

1. Answer all questions in the form fields. Credit may NOT be given for incomplete information. For "check boxes" type an "X" or left-click your mouse in the appropriate box.
2. PRINT, then SIGN and DATE on Page 2.
3. PRINT your Last Name in the left margin.
4. Submit completed application to address listed above.
5. Keep a copy of completed application and materials for your files.

Position applying for:

Name (Last, First, M.I.):			
Address:			
City and State:			Zip Code: -
Social Security Number:	- -	Email Address:	
Day Phone: ()	Evening Phone: ()		
Do you currently live in the City of Milwaukee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you become a resident? Month/Year (/) NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.	

List any other names by which you have been known on official records:

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, how old are you? Years () Months ()

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as *Driver's, Nursing, or Professional Engineer*, that are related to the job you are applying for:

TYPE:	NUMBER (if any):
TYPE:	NUMBER (if any):
TYPE:	NUMBER (if any):

MILITARY SERVICE *** Read carefully if you may be eligible for veteran's preference points. ***

Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing: (1) date of entry, (2) date of discharge, and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the last page of the application.

Military Status:

- ☐ Enlisted, drafted or commissioned – active duty
☐ Enlisted or commissioned reserve or National Guard service – active duty for training only.

Date Entered Active Duty:

Date Terminated Active Duty:

If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unmarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.

Period of Service:

- ☐ August 27, 1940 – July 25, 1947
☐ June 27, 1950 – January 31, 1955
☐ August 5, 1964 – January 1, 1977
☐ Persian Gulf War / Desert Shield / Desert Storm (August 1, 1990 to date to be determined)
☐ Afghanistan War (September 11, 2001 to date to be determined)
☐ Called to active duty in 1961 by Executive Order No. 10957
☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date:

Location:

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City of Milwaukee requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

LAST NAME:

EXAM #:06-

EDUCATION & TRAINING

Check the highest grade or year completed in school: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Did you graduate from High School? ☐ Yes ☐ No **If Yes**, Name and Location _____ Have you passed a high school equivalency or G.E.D. Test? Yes ☐ No ☐

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under "credits earned," indicate "Q" for quarter hours and "S" for semester hours:

NAME & LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED		CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/ DATE COMPLETED
		From (mo/year)	To (mo/year)			

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. IF MORE SPACE IS NEEDED, SEE THE FOLLOWING PAGE.

Current or Last Employer:	From (month/year):
	To (month/year):
Address:	Salary/Wage: \$ _____ per _____
Your Job Title:	Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week: _____
Supervisor's Name, Title, Phone No.:	Reason(s) for leaving:
Duties:	

PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT

Are you legally authorized to work permanently for any employer within the United States: Yes ☐ No ☐

There may be a possibility of employment with other organizations. If so, may we refer your name? Yes ☐ No ☐

List the titles and dates of all City examinations you have taken within the last six months. *If none, type "NONE."*

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title:			
Department:			
Employee I.D.:	From (month/year):	To (month/year):	
If you have been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, <i>other than minor traffic violations</i> , list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 5. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:			
CHARGE	DATE	LOCATION	COURT

NOTE: Convictions are not an automatic bar to employment, but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for discharge.

READ CAREFULLY BEFORE SIGNING – I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removed from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education, and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____

DATE: _____

EMPLOYMENT HISTORY (continued)

Employer:		From (month/year): To (month/year):	
Address:		Salary/Wage: \$ per	
Your Job Title:		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week:	
Supervisor's Name, Title and Phone No.:		Reason(s) for leaving:	
Duties:			

Employer:		From (month/year): To (month/year):	
Address:		Salary/Wage: \$ per	
Your Job Title:		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week:	
Supervisor's Name, Title and Phone No.:		Reason(s) for leaving:	
Duties:			

Employer:		From (month/year): To (month/year):	
Address:		Salary/Wage: \$ per	
Your Job Title:		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week:	
Supervisor's Name, Title and Phone No.:		Reason(s) for leaving:	
Duties:			

Employer:		From (month/year): To (month/year):	
Address:		Salary/Wage: \$ per	
Your Job Title:		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week:	
Supervisor's Name, Title and Phone No.:		Reason(s) for leaving:	
Duties:			

Employer:		From (month/year): To (month/year):	
Address:		Salary/Wage: \$ per	
Your Job Title:		Part time <input type="checkbox"/> Full time <input type="checkbox"/> Hours per week:	
Supervisor's Name, Title and Phone No.:		Reason(s) for leaving:	
Duties:			

TESTING ACCOMMODATIONS

In accordance with State and Federal Laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process: Yes ☐ No ☐

If **yes**, what kind of accommodations will you need?

- ☐ A signer
- ☐ A reader
- ☐ Extra time
- ☐ Other *(please describe)*:

Comments:

SIGNATURE:

DATE:

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

CITY OF MILWAUKEE

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

1. Name:

Last

First

Middle

2. Position Applied for:

3. Recruiting information: How did you **FIRST** hear about this job opening?

Please check only ONE:

- ☐ A. Milwaukee Journal Sentinel
- ☐ B. Other Newspaper (*please specify*):
- ☐ C. City Hall Posting
- ☐ D. Library Posting
- ☐ E. Community Agency Posting (*please specify*):
- ☐ F. College or University Posting (*please specify*):
- ☐ G. From a City employee
- ☐ H. From someone who is NOT a City employee
- ☐ I. Job Hotline Number (414-286-5555)
- ☐ J. Received Job Interest Postcard in mail
- ☐ K. Job Fair / Career Talk (*please specify*):
- ☐ L. TV (*please specify station*):
- ☐ M. Radio (*please specify station*):
- ☐ N. <http://www.milwaukee.gov/der>
- ☐ O. Other internet site (*please specify*):
- ☐ P. OTHER (*please specify*):

4. Sex (*please check one*): Male ☐ Female ☐

5. Race (*please check one*):

- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
- ☐ Native American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian
(i.e., China, Japan, Korea, Philippine Islands, Samoa)

6. List any languages, other than English, which you speak FLUENTLY:

7. If you have listed offenses (see Page 2), provide birthdate: _____. Your birthdate will be used for conviction verification only.

8. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development. I live in the Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE:

DATE:

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR:

Title of Position:

APPLICANT'S NAME:

Date:

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application, a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned—active duty
 - ☐ Enlisted or commissioned reserve or National Guard service—active duty for training only.
- Date Entered Active Duty:
Date Terminated Active Duty:
Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? Yes ☐ No ☐

Spouse's Period of Service:

- ☐ August 27, 1940 – July 25, 1947
- ☐ June 27, 1950 – January 31, 1955
- ☐ August 5, 1964 – January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to Active Duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal, or Southwest Asia Service Medal:
Date:
Location: